

'I'm a sex addict who'll

Dear Attitude,

I have always had an active sex life. Throughout my 20s, I was proud never to end an evening without having picked someone up. Apps such as Grindr have only made this easier, but I find myself

continually scouring the internet for any encounter I can get. I've promised myself to stop, but can't stay away from the cruising spots near where I live. Some days, I can't even walk past without

giving in. I used to take pride in attracting men; now I just go with anyone. Despite feeling dreadful afterwards, I can't stop seeking out sex with strangers.

SIMON, LANCASTER

Dear Simon,

Being both a certified sexual addiction and sex therapist lets me assess whether or not someone is actually addicted to sex. The main symptoms are loss of control, failed attempts to stop the unwanted sexual behaviour and a pattern of negative consequences such as anxiety, depression, legal troubles, sexually transmitted diseases and relationship problems.

The model of sexual addiction and compulsivity disorder has generated controversy in and outside the gay community. Some say that using this model makes sexual behaviour seem 'bad' and denies enjoying positive sexual experiences with as many people as one likes, any way one wants. It doesn't demonise sexual activities unless they involve adults being sexual with children, or ignore someone's limits against their will, such as rape. Nor does it judge people who enjoy a variety of sexual desires, partners and behaviour. In fact, sexual addiction is not about sex at all - it's about suffering and unhealed trauma that has become eroticised.

The other misconception is that people use sexual addiction as an alibi for their behaviour. People who label themselves as sexual addicts to excuse their actions won't stay in therapy for very long. Those who really want to get better are more likely to.

In gay male culture, sexual openness is both a privilege and a curse. It's fortunate that we can make our own guidelines without feeling bound by heterosexist



Illustration **DERMOT FLYNN**

go with anyone'



norms. Our male-only culture can ignore many of the rules that guide straight men's behaviour, such as courting, flirting and the essential need for getting to know a woman before sex of any kind occurs.

One problem in gay culture is that it doesn't have enough of a balance between sex just for the sake of getting off and sexual intimacy. Unless you bring some intimacy into your encounters, you usually won't get any. Another problem is that the straight culture views us as over-sexualised and reduces us to nothing more than our sexual behaviour. The clear message is that we're gay only because of how we behave, and if we celibate, we're forgiven. My stance is that homosexuality is not only about behaviour. I always say, 'If I never have sex again, I will always be gay.' But we gay men buy into this over-sexualisation myth, which leads to sexual addiction and compulsive behaviour.

The cycle of sex addiction runs from preoccupation, ritualisation and behaviours to despair. In their preoccupation stage, addicts plan the day, even the week, around their hunt for sex, making sure they have enough time and money to go to bars and clubs.

In ritualisation, addicts frequent the same locations, wear the same 'special' clothes or cologne, visit the same internet sites and behave similarly each time.

Unconsciously, most sex addicts prefer preoccupation and ritualisation to the act itself - because after orgasm they 'crash' into the last stage: despair. Depression and shame usually settle in. Sex addicts feel badly about what they have done, especially having lost control. To avoid feeling badly and distract themselves, they jump-start the cycle all over again. So quite often, sexual behaviour is the least enjoyable part of the cycle because sex addiction is about anaesthetising and avoiding pain from unresolved childhood issues.

Treatment for sexual addiction includes ongoing psychotherapy, 10-step groups for sexual addiction and, sometimes, medication. In treating out-of-control sexual behaviour therapists must first remove unhealthy shame around sexual fantasies and desires. They're entirely normal and were installed early in your life.

Next, psychotherapy will help you understand the non-sexual significance of what you engage in. What are your peak erotic activities? What is your core erotic theme? What fantasies give you the most dependable sexual pleasure? Cracking your erotic code and understanding the erotic value of certain acts can help you find what you need to do to stop their compulsivity. It's unlikely you will remove the sexual desire and fantasies, but you can master sexual impulses.

Various 12-step groups' meetings are open to sexual addicts, but it's vital to recognise the fundamental differences between them.

Sex Addicts Anonymous (SAA) is most liberal, welcoming everybody - men, women, gay, straight, bi-attractional and others - and lets you define your own sexual boundaries. Meetings tend to focus on paraphilias, in which arousal and gratification depend on fantasising about - and engaging in - atypical and extreme sexual behaviour.

Sex And Love Addicts Anonymous (SLAA) focuses on love addicts. People 'in love with love' seek - and later crave - that lightning-bolt, blown-away kick of 'love at first sight'. Again, everybody is welcome, and I am told UK meetings (slaauk.org) are very popular with gay people. This program helps those who tend to move on as soon as troubles arise, hoping a new

relationship can supply what the last one failed to deliver.

Gay culture doesn't have enough of a balance between sex for the sake of it and sexual intimacy

Sexaholics Anonymous takes the rigid, orthodox approach that no sexual relations should occur outside marriage. They tell participants that 'any form of sex with one's self or with

partners other than the spouse is progressively addictive and destructive'. Many gay clients tell me they feel excluded for this reason.

Sexual Compulsives Anonymous (SCA) was born after some gay men felt uncomfortable with SA's fundamentalist, heterosexist overtones. Members have designed their own recovery program, where gay men can discuss their special needs and talk openly and honestly.

Because sexual addiction blocks sufferers from deep, connecting relationships, it's important to have others to relate to on a non-sexual level. In proximity to others, they're forced to develop intimacy and relationship skills. Time and again, studies show that for best results, the sexual addict should engage all three together - in individual, group and 12-step programs.

I've seen clients struggle with the thought of psychotropic medication, afraid that they'll grow dependent. I see this stance as another way of avoiding 'healthy dependency'. Diabetics don't fear taking insulin. If medication and 12-step programs can provide a better quality of life, then the real issue and underlying fear is of attachment - the vulnerability of growing close to others and relying on them. But moving up to an unfamiliar dependency can be frightening!

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